



FIRST STEPS ANNUAL PROVIDER TRAINING FEE REGISTRATION

Use this form **ONLY** to register for the First Steps Annual Provider (Intake/Service Coordinators and all Direct Service Providers) Training Fee. The annual training fee is \$60 and includes the UTS Training Newsletter and mandatory meeting(s) registration (Providers – Mandatory Cluster Forum; Intake/Service Coordinators – semi-annual regional meetings and the mandatory cluster forum). The Annual Training fee is mandatory for all providers and is non-refundable. For assistance, please call UTS Connect at (317) 274-7159 or (800) 887-1467.

Mail completed registration form with a **check, payable to ProKids, Inc.** to: **UTS Connect Office; Riley Hospital For Children; 575 West Drive Room 008; Indianapolis, IN 46208.** If paying by credit card ONLY, you may fax completed registration form to: (317) 278-3221. The following information must be included.

☐ **Visa Card Number** _____ **Expiration Date:** _____
☐ **MC Card Number** _____ **Expiration Date:** _____
Name as it appears on card and billing address: _____

Provider Name: _____
E-Mail Address: (required for confirmation) _____
Independent Company or Agency Name: _____
Street Address: _____
City, State, Zip Code: _____
Work Phone: (____) _____ **Fax:** (____) _____

☐ **Special needs or accommodations for meetings:** _____
☐ **Send information about earning graduate credit in Early Childhood Special Education at Indiana University, Bloomington for UTS training sessions attended.**
☐ **Parent of a child with special needs**
 ☐ **First Steps**
 ☐ **Public School Special Education**

Provider Type: (Check all that apply)
☐ **Intake Coordinator**
☐ **Service Coordinator**
☐ **Direct Service, specify discipline:** _____

Prior to completing this form, find dates and location of your required meetings at:
<http://earlychildhoodmeetingplace.Indiana.edu>

- **All Providers:** Mandatory Cluster Forum for Cluster Number _____
(date & location): _____
- **Service/Intake Coordinators ONLY:** Semi-annual Service Coordinator meeting for Cluster Number _____
 - November 2004 (date & location): _____
 - May 2005 (date & location): _____
- **All Providers:** Newsletter Credential Points (Publication dates listed below)
 - December 2004
 - March 2005
 - June 2005
 - September 2005

For Office Use ONLY: **Check #:** _____ **PO Number#** _____

_____ **Date payment received** _____ **Date entered** _____ **Date confirmation sent**